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PTO/SB/05 (11-00)

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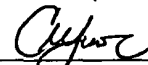
UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. 426882007400	
	First Inventor Oyvind STROMME	
	Title	A SOUND CONTROL INSTALLATION
	Express Mail Label No. EV302340005US	





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Christine Sumoc

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 11] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 1]</p> <p>5. <input type="checkbox"/> Oath or Declaration (signed) [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R; or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents)</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (where there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment (3 pages)</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p>																									
<p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____</p> <p>Prior application information: _____ Examiner: _____ Group / Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																											
<p>19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label</p> <div style="text-align: center;"> 35452 PATENT TRADEMARK OFFICE</div> <p>(Insert Customer No. or Attach bar code label here)</p> <p>or <input type="checkbox"/> Correspondence address below</p> <table border="1"><tr><td>Name</td><td colspan="3"></td></tr><tr><td>Address</td><td colspan="3"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone (415) 268-7000</td><td>Fax (415) 268-7522</td><td></td></tr></table> <table border="1"><tr><td>Name (Print/Type)</td><td>for Stephen C. Durant</td><td>Registration No. (Attorney/Agent)</td><td>31,506</td></tr><tr><td>Signature</td><td>by  (42,126)</td><td>Date</td><td>July 7, 2003</td></tr></table>				Name				Address				City	State	Zip Code		Country	Telephone (415) 268-7000	Fax (415) 268-7522		Name (Print/Type)	for Stephen C. Durant	Registration No. (Attorney/Agent)	31,506	Signature	by  (42,126)	Date	July 7, 2003
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">To Be Assigned</td> </tr> <tr> <td>Filing Date</td> <td>Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Oyvind STROMME</td> </tr> <tr> <td>Examiner Name</td> <td>To Be Assigned</td> </tr> <tr> <td>Group Art Unit</td> <td>To Be Assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>426882007400</td> </tr> </table>		Application Number	To Be Assigned	Filing Date	Herewith	First Named Inventor	Oyvind STROMME	Examiner Name	To Be Assigned	Group Art Unit	To Be Assigned	Attorney Docket No.	426882007400
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																															
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1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																													
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																													
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																													
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																													
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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY <u>Stephen C. Durant</u>		Complete (if applicable)	
Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone	Date
Signature <u>[Signature]</u>	31,506	(415) 268-7000	July 7, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV302340005US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 7, 2003 Signature: [Signature] (Christine Jumoc)